

Foster Family Home - Corrective Action Report

Provider ID: 1-564139

Home Name: Erlinda Ibarra, RN

Review ID: 1-564139-7

3145-D Kalihi Street

Reviewer: David Ayling

Honolulu

HI 96819

Begin Date: 5/28/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 5/28/19.

6.(d)(1) - Home is in compliance with all requirements. Home will receive a 2 bed certification.

David Ayling RN
Compliance Manager

Erlinda Ibarra
Primary Care Giver

5/28/19
Date

5/28/19
Date